PTO/SB/17 (10-87)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known Application Number 10/574,013-Conf. #4344				
FEE TRANSMITTAL				Filing Date	March 29, 20		***************************************	7.
				· · · · · · · · · · · · · · · · · · ·	Named Inventor Hirofumi MASUDA			
For FY 2008						A. L. Woodward		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1796		1796	***************************************	
TOTAL AMOUNT	OF PAYMENT	(\$) 1,270,00		Attorney Docket No.		2593-0163PUS1		
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Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCUL	ATION		••••••	***************************************		***************************************	***************************************	
1. BASIC FILING	, SEARCH, AND E		ES					***************************************
	FI	FILING FEES Small Entity		ARCH FEES	EXAMINATION FEES			
Application Type	<u>Fee (\$</u>		Fee (\$	Small Entity Fee (\$)	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	310	155	510	255	210	105	***************************************	
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310	***************************************	
Provisional	210.	105	0	8	0	0	<u> </u>	
Z. EXCESS CLAIM FEES Small Entit Fee Description Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)								Fee (\$) 25
Each independent claim over 3 (including Reissues)							.50 210	105
Multiple depende				370	185			
Total Claims Extra Claims		Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims			
		*				Fee (\$) Fee Paid (\$)		i)
	er of total claims paid for		F '5	_E_E + \$\delta\				 :
indep Claims Extra Claims Fee (S) Fee F			(818 (5)					
RP ≈ highest numbe	or of independent claims	· · · · · · · · · · · · · · · · · · ·	n.3.					
3. APPLICATION	SIZE FEE							
listings under	on and drawings ex r 37 CFR 1.52(e)), t tion thereof. See 3	he application siz	e fee du	e is \$260 (\$130 f	onically fil or small er	ed sequence or uity) for each ac	computer Iditional 50	0
Total Sheets	Extra Sheet			ditional 50 or frac	tion thereo	f <u>Fee (\$)</u>	Fee!	Paid (\$)
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4. OTHER FEE(S	•	on and a second	وي د اد				Fees	Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00								
Other (e.g., iai	e ming sarchage).			ponse within se				0.00
SUBMITTED BY		***************************************				***************************************	***************************************	
Signature	5.722			Registration No. (Attorney/Agent)	32,181	Telephone	(703) 20	5-8000
Neme (PrintType) Marc SWeiner /						Date	April 25,	2008
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Birch, Stewart, Kolasch & Birch, LLP MSW/GMD/mua